



CITY OF SOMERVILLE, MASSACHUSETTS  
OFFICE OF STRATEGIC PLANNING & COMMUNITY DEVELOPMENT  
JOSEPH A. CURTATONE  
MAYOR

*DIVISION OF INSPECTIONAL SERVICES*

*BUILDING DEPARTMENT*

I, Kelly A Como, as Keeper of the Records for the City of Somerville, Mayors Office of Strategic Planning and Community Development, Inspectional Services Division, hereby certify that the documents herewith are true and accurate copies of documents in the custody of the Inspectional Services Division relative to the following property:

253 WASHINGTON ST.

9 COPIES

Signed under the pains and penalties of perjury, this 23 day of NOV, 2011.

Kelly A Como  
Signature

KELLY A COMO  
Print Name





**CITY OF SOMERVILLE**  
**DIVISION OF INSPECTIONAL SERVICES**

APPLICATION FOR A PERMIT TO BUILD ALTER REPAIR  
IN ACCORDANCE WITH SECTION 110.0  
OF THE MASSACHUSETTS STATE BUILDING CODE  
PLEASE TYPE OR PRINT CLEARLY IN INK

FOR OFFICE USE ONLY

FEE:

DATE REC'D: 11-18-05

ACCEPTED BY: AB

DATE ISSUED: 11-18-05

DATE DENIED:

PERMIT NO.: BP-05-1865

1. LOCATION OF PROPERTY (NO. AND STREET) 253 WASHINGTON ST. MAP 73 BLOCK E LOT 24

2. NAME AND ADDRESS OF PROPERTY OWNER HENRY PATTERSON - 648 ANNUNCIAC HILL RD  
CONCORD, MA 02142 / 617-290-58

3. NAME AND ADDRESS OF ARCHITECT/ENGINEER  
REGISTRATION NUMBER TELEPHONE

4. NAME AND ADDRESS OF BUILDER/LICENSE HOLDER ROUSON A. DCSA TELEPHONE 617-777-7241  
CONST. SUPER. LIC. NO. 090656 H.C. REG. NO. SIGNATURE (REQ'D)

5. ZONING DIST. CBD TYPE OF PERMIT: ☐ NEW ☐ ADDITION ☐ CERTIFICATE OF OCCUPANCY  
☐ REPAIR ☐ DEMOLITION ☐ ALTERATION ☒ OTHER

6. WARD 2 SGN

7. CURRENT USE(S) PROPOSED USE(S)

8. IF USE(S) IS A RESIDENCE, INDICATE NUMBER OF DWELLING UNITS USE GROUP

9. ESTIMATED CONSTRUCTION COST \$975.00

10. WHAT IS THE CONSTRUCTION TYPE? STEEL TUBING PLANS SUBMITTED ☒ YES ☐ NO

11. LOT DIMENSIONS AREA FRONT YARD REAR YARD RIGHT SIDE LEFT SIDE

12. PROPOSED SETBACKS FRONT YARD REAR YARD RIGHT SIDE LEFT SIDE

13. HEIGHT OF STRUCTURE (FT.) TOTAL SQUARE FOOTAGE NUMBER OF STORIES

14. DOES THE PROPOSED PROJECT REQUIRE A VARIANCE AND/OR SPECIAL PERMIT? ☐ YES ☒ NO  
IF YES, AND A DECISION HAS BEEN ISSUED, PLEASE GIVE DECISION NUMBER

15. IS PROPOSED WORK WITHIN A HISTORIC DISTRICT? ☐ YES ☒ NO IF YES, GIVE COMMISSION APPROVAL DATE

16. WASTE DISPOSAL COMPANY DISPOSAL SITE ADDRESS

17. DEMOLITION: HAS DEPT. NOTIFICATION FORM BEEN COMPLETED? ☐ YES ☐ NO

**DETAILED DESCRIPTION OF PROPOSED CONSTRUCTION**  
(DO NOT INDICATE "SEE ATTACHED PLANS" PLEASE BE SPECIFIC)

INSTALL A NEW MODULAR DWELING  
USING LIGHT BLUE AND WHITE SIDING.  
DIMENSIONS: 160' x 46' x 24' x 16'

ARE THE FOLLOWING INCLUDED?

	YES	NO
OCCUPYING STREET OR SIDEWALK (1)	<input type="checkbox"/>	<input type="checkbox"/>
DUMPSTER ON CITY PROPERTY (1)	<input type="checkbox"/>	<input type="checkbox"/>
ELECTRICAL (1)	<input type="checkbox"/>	<input type="checkbox"/>
PLUMBING GAS/FITTING (1)	<input type="checkbox"/>	<input type="checkbox"/>
HEATING (Mechanical) (1) (2)	<input type="checkbox"/>	<input type="checkbox"/>
OIL STORAGE (1)	<input type="checkbox"/>	<input type="checkbox"/>
AIR CONDITIONING (1) (2)	<input type="checkbox"/>	<input type="checkbox"/>
PUBLIC WATER/SEWER (1)	<input type="checkbox"/>	<input type="checkbox"/>
FIRE SUPPRESSION (Mechanical) (1) (3)	<input type="checkbox"/>	<input type="checkbox"/>
FIRE DETECTION (3)	<input type="checkbox"/>	<input type="checkbox"/>
WOOD BURNING APPLIANCE (1)	<input type="checkbox"/>	<input type="checkbox"/>

NOTES: 1. REQUIRES SEPARATE PERMIT  
NOTES: 2. HEAT LOSS INFO REQUIRED  
NOTES: 3. STAMPED PLAN REQUIRED

I HAVE PROVIDED THE ABOVE INFORMATION AND IT IS CORRECT TO  
THE BEST OF MY KNOWLEDGE

Signature of Owner or Authorized Agent

Print name clearly

Street

City

State

Zip

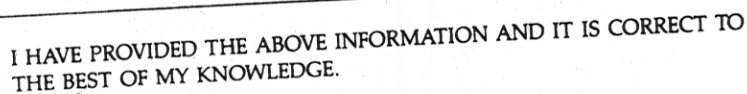
Phone number where you can be reached days

APPROVED

Inspector (Name and Title)

**\*\* Building Permit issued pursuant to Massachusetts Building Code Requirements \*\***

Persons contracting with unregistered contractors do not have access to the Guaranty Fund (As set forth in MGL c142A)







**CITY OF SOMERVILLE**  
**DIVISION OF INSPECTIONAL SERVICES**

APPLICATION FOR A PERMIT TO BUILD/ALTER/REPAIR  
IN ACCORDANCE WITH SECTION 110.0  
OF THE MASSACHUSETTS STATE BUILDING CODE

PLEASE TYPE OR PRINT CLEARLY IN INK

FOR OFFICE USE ONLY

FEE: \$132

DATE REC'D: 9-22-08

ACCEPTED BY: hmk

DATE ISSUED: 9-24-08

DATE DENIED:

PERMIT NO: BP-09-3281

1. LOCATION OF PROPERTY (NO. AND STREET) <u>253 Washington St.</u>		MAP <u>73</u> BLOCK <u>E</u> LOT <u>211</u>	
2. NAME AND ADDRESS OF PROPERTY OWNER <u>C.W.C. Inc., Harding Road Lexington MA 01840</u>			
3. NAME AND ADDRESS OF ARCHITECT/ENGINEER <u>N/A</u>			
REGISTRATION NUMBER		TELEPHONE	
4. NAME AND ADDRESS OF BUILDER/LICENSE HOLDER <u>For owner's signature</u>		TELEPHONE: <u>617-627-2533</u>	
CONST. SUPER. LIC. NO. <u>CANONICAL PROCEEDINGS</u>		SIGNATURE (REQ'D) <u>[Signature]</u>	
5. ZONING DIST. <u>CED</u>	TYPE OF PERMIT: <input type="checkbox"/> NEW <input type="checkbox"/> ADDITION <input type="checkbox"/> CERTIFICATE OF OCCUPANCY		
6. WARD <u>2</u>	<input type="checkbox"/> REPAIR <input type="checkbox"/> DEMOLITION <input type="checkbox"/> ALTERATION <input checked="" type="checkbox"/> OTHER		
7. CURRENT USE(S) <u>Retail Store</u>		PROPOSED USE(S) <u>Store</u>	
8. IF USE(S) IS A RESIDENCE, INDICATE NUMBER OF DWELLING UNITS <u>12</u>		USE GROUP <u>B</u>	
9. ESTIMATED CONSTRUCTION COST <u>\$</u>			
10. WHAT IS THE CONSTRUCTION TYPE? <u>Renovation</u> PLANS SUBMITTED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
11. LOT DIMENSIONS	AREA	FRONT YARD	REAR YARD
12. PROPOSED SETBACKS		FRONT YARD	REAR YARD
13. HEIGHT OF STRUCTURE (FT.)	TOTAL SQUARE FOOTAGE		NUMBER OF STORIES
14. DOES THE PROPOSED PROJECT REQUIRE A VARIANCE AND/OR SPECIAL PERMIT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
IF YES, AND A DECISION HAS BEEN ISSUED, PLEASE GIVE DECISION NUMBER			
15. IS PROPOSED WORK WITHIN A HISTORIC DISTRICT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF YES, GIVE COMMISSION APPROVAL DATE			
16. WASTE DISPOSAL COMPANY <u>N/A</u>		DISPOSAL SITE ADDRESS	
17. DEMOLITION: HAS DEPT. NOTIFICATION FORM BEEN COMPLETED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			

**DETAILED DESCRIPTION OF PROPOSED CONSTRUCTION**  
(DO NOT INDICATE "SEE ATTACHED PLANS," PLEASE BE SPECIFIC)

Very little change in store layout / new toxic / safe for family  
And the environment / painting / clean / will be protective side  
HOPE + GLORY VINTAGE AT 253 Washington St. Somerville MA 02143  
Will retain vintage goods / use home furnishings - linens / mirrors  
DECORATIVE ACCESSORIES / FURNITURE -  
To REFINE existing existing n/a new  
SIGN - "Hope + Glory Vintage" 4'x8'  
AHEAD 5' FLY pole to holding for a 2'x3'  
"GRAND UNION FHE"  
At so. Floor boxes 8" x 30 3/4" x 1"

ARE THE FOLLOWING INCLUDED?

	YES	NO
OCCUPYING STREET OR SIDEWALK	(1) <input type="checkbox"/>	<input type="checkbox"/>
DUMPSTER ON CITY PROPERTY	(1) <input type="checkbox"/>	<input type="checkbox"/>
ELECTRICAL	(1) <input type="checkbox"/>	<input type="checkbox"/>
PLUMBING GAS/FITTING	(1) <input type="checkbox"/>	<input type="checkbox"/>
HEATING (Mechanical)	(1) (2) <input type="checkbox"/>	<input type="checkbox"/>
OIL STORAGE	(1) <input type="checkbox"/>	<input type="checkbox"/>
AIR CONDITIONING	(1) (2) <input type="checkbox"/>	<input type="checkbox"/>
PUBLIC WATER/SEWER	(1) <input type="checkbox"/>	<input type="checkbox"/>
FIRE SUPPRESSION (Mechanical)	(1) (3) <input type="checkbox"/>	<input type="checkbox"/>
FIRE DETECTION	(3) <input type="checkbox"/>	<input type="checkbox"/>
WOOD BURNING APPLIANCE	(1) <input type="checkbox"/>	<input type="checkbox"/>

NOTES: 1. REQUIRES SEPARATE PERMIT  
NOTES: 2. HEAT LOSS INFO REQUIRED  
NOTES: 3. STAMPED PLAN REQUIRED

I HAVE PROVIDED THE ABOVE INFORMATION AND IT IS CORRECT TO  
THE BEST OF MY KNOWLEDGE.

Sandra F. Falls  
Signature of Owner or Authorized Agent

SANDRA F. FALLS  
Print name clearly  
213 Fayerweather - Cambridge, MA 02138  
P.O. Box 400906 - 02143 MA, AUC

Street: Cambridge MA State: MA Zip: 02140-9998

City: Cambridge Phone number where you can be reached: 617-290-2607

APPROVED: [Signature]  
Inspector's Name and Title

\*\* Building Permit issued pursuant to Massachusetts Building Code Requirements \*\*

Persons contracting with unregistered contractors do not have access to the Guaranty Fund (As set forth in MGL c142A)





**CITY OF SOMERVILLE**  
**DIVISION OF INSPECTIONAL SERVICES**

APPLICATION FOR A PERMIT TO BUILD ALTER REPAIR  
IN ACCORDANCE WITH SECTION 110.0  
OF THE MASSACHUSETTS STATE BUILDING CODE

PLEASE TYPE OR PRINT CLEARLY IN INK

FOR OFFICE USE ONLY

FEE:

DATE REC'D:

ACCEPTED BY:

DATE ISSUED:

DATE DENIED:

PERMIT NO.:

1. LOCATION OF PROPERTY (NO. AND STREET) **253A WASHINGTON** MAP **73** BLOCK **E** LOT **24**

2. NAME AND ADDRESS OF PROPERTY OWNER **KEPNER REALTY TRUST**

3. NAME AND ADDRESS OF ARCHITECT/ENGINEER **C/O PATTERSON 648 ANNUSNAC HILL RD.**  
REGISTRATION NUMBER \_\_\_\_\_ TELEPHONE **CONCORD MA 01742**

4. NAME AND ADDRESS OF BUILDER/LICENSE HOLDER \_\_\_\_\_ TELEPHONE \_\_\_\_\_  
CONST. SUPER. LIC. NO. \_\_\_\_\_ H.I.C. REG. NO. \_\_\_\_\_ SIGNATURE (REQ'D) \_\_\_\_\_

5. ZONING DIST. **CBD** TYPE OF PERMIT: ☐ NEW ☐ ADDITION ☒ CERTIFICATE OF OCCUPANCY

6. WARD **2** ☐ REPAIR ☐ DEMOLITION ☐ ALTERATION ☐ OTHER

7. CURRENT USE(S) **RETAIL** PROPOSED USE(S) **CHIROPRACTIC OFFICE (B)**

8. IF USE(S) IS A RESIDENCE, INDICATE NUMBER OF DWELLING UNITS \_\_\_\_\_ USE GROUP \_\_\_\_\_

9. ESTIMATED CONSTRUCTION COST \_\_\_\_\_

10. WHAT IS THE CONSTRUCTION TYPE? **3 B** PLANS SUBMITTED ☐ YES ☒ NO

11. LOT DIMENSIONS AREA FRONT YARD REAR YARD RIGHT SIDE LEFT SIDE

12. PROPOSED SETBACKS FRONT YARD REAR YARD RIGHT SIDE LEFT SIDE

13. HEIGHT OF STRUCTURE (FT.) TOTAL SQUARE FOOTAGE NUMBER OF STORIES

14. DOES THE PROPOSED PROJECT REQUIRE A VARIANCE AND/OR SPECIAL PERMIT? ☐ YES ☒ NO  
IF YES, AND A DECISION HAS BEEN ISSUED, PLEASE GIVE DECISION NUMBER \_\_\_\_\_

15. IS PROPOSED WORK WITHIN A HISTORIC DISTRICT? ☐ YES ☒ NO IF YES, GIVE COMMISSION APPROVAL DATE \_\_\_\_\_

16. WASTE DISPOSAL COMPANY **WASTE MGMT** DISPOSAL SITE ADDRESS **N/A**

17. DEMOLITION: HAS DEPT. NOTIFICATION FORM BEEN COMPLETED? ☐ YES ☐ NO

**DETAILED DESCRIPTION OF PROPOSED CONSTRUCTION**  
(DO NOT INDICATE "SEE ATTACHED PLANS" PLEASE BE SPECIFIC)

**NO CONSTRUCTION REQUIRED - PAINT + DECORATE ONLY, TAKING ONE SIDE OF PREVIOUS DOUBLE STOREFRONT**

**CHRISTINA**  
**7-504-7490**

**520 7.11.7.2.a**

ARE THE FOLLOWING INCLUDED?

	YES	NO
OCCUPYING STREET OR SIDEWALK	(1) <input type="checkbox"/>	<input type="checkbox"/>
DUMPSTER ON CITY PROPERTY	(1) <input type="checkbox"/>	<input type="checkbox"/>
ELECTRICAL	(1) <input type="checkbox"/>	<input type="checkbox"/>
PLUMBING GAS/FITTING	(1) <input type="checkbox"/>	<input type="checkbox"/>
HEATING (Mechanical)	(1) (2) <input type="checkbox"/>	<input type="checkbox"/>
OIL STORAGE	(1) <input type="checkbox"/>	<input type="checkbox"/>
AIR CONDITIONING	(1) (2) <input type="checkbox"/>	<input type="checkbox"/>
PUBLIC WATER/SEWER	(1) <input type="checkbox"/>	<input type="checkbox"/>
FIRE SUPPRESSION (Mechanical)	(1) (3) <input type="checkbox"/>	<input type="checkbox"/>
FIRE DETECTION	(3) <input type="checkbox"/>	<input type="checkbox"/>
WOOD BURNING APPLIANCE	(1) <input type="checkbox"/>	<input type="checkbox"/>

NOTES: 1. REQUIRES SEPARATE PERMIT  
NOTES: 2. HEAT LOSS INFO REQUIRED  
NOTES: 3. STAMPED PLAN REQUIRED

I HAVE PROVIDED THE ABOVE INFORMATION AND IT IS CORRECT TO THE BEST OF MY KNOWLEDGE.

Signature of Owner or Authorized Agent

**HENRY PATTERSON** PROJ MGR

Print name clearly

**648 ANNUSNAC HILL RD.**

Street

**CONCORD MA 01742**

City

**617.290.5858**

Phone number where you can be reached days

APPROVED

Inspector Name and Title



CITY OF SOMERVILLE  
DIVISION OF INSPECTORIAL SERVICES

APPLICATION FOR A PERMIT TO BUILD OR ALTER REPAIR  
IN ACCORDANCE WITH SECTION 110.0

OF THE MASSACHUSETTS STATE BUILDING CODE  
PLEASE TYPE OR PRINT CLEARLY IN INK

CHECK NO. 1117 \$580.00  
FOR OFFICE USE ONLY  
FEE: 3,610.00 CK #  
DATE REC'D: 4/22/2011  
ACCEPTED BY: LW  
DATE ISSUED: 7-14-11  
DATE DENIED:  
PERMIT NO: BP 11 7738

1. LOCATION OF PROPERTY (NO. AND STREET) 253 WASHINGTON STREET MAP 73 BLOCK E LOT 24  
2. NAME AND ADDRESS OF PROPERTY OWNER ALBERTO CABRE / ANGELINA TCHOVICH  
3. NAME AND ADDRESS OF ARCHITECT/ENGINEER ALBERTO CABRE 617.233.4712  
REGISTRATION NUMBER MA 10708 TELEPHONE 617 233-2791  
4. NAME AND ADDRESS OF BUILDER/LICENSE HOLDER TELEPHONE X 17 628 6490  
CONST. SUPER. LIC. NO. X 8629 H.C. REG. NO. 159946 SIGNATURE (REQ'D) X [Signature]  
5. ZONING DIST. UNION SQUARE TYPE OF PERMIT: ☐ NEW ☐ ADDITION ☐ CERTIFICATE OF OCCUPANCY  
6. WARD 3 ☒ REPAIR ☐ DEMOLITION ☐ ALTERATION ☐ OTHER  
7. CURRENT USE(S) Business PROPOSED USE(S) RESTAURANT  
8. IF USE(S) IS A RESIDENCE, INDICATE NUMBER OF DWELLING UNITS USE GROUP A-2  
9. ESTIMATED CONSTRUCTION COST \$145,000  
10. WHAT IS THE CONSTRUCTION TYPE? I PLANS SUBMITTED ☒ YES ☐ NO  
11. LOT DIMENSIONS AREA ~~1100~~ FRONT YARD REAR YARD RIGHT SIDE LEFT SIDE  
12. PROPOSED SETBACKS FRONT YARD REAR YARD RIGHT SIDE LEFT SIDE  
13. HEIGHT OF STRUCTURE (FT) 13ft TOTAL SQUARE FOOTAGE 1,500 NUMBER OF STORIES 1  
14. DOES THE PROPOSED PROJECT REQUIRE A VARIANCE AND/OR SPECIAL PERMIT? ☐ YES ☒ NO  
IF YES, AND A DECISION HAS BEEN ISSUED, PLEASE GIVE DECISION NUMBER  
15. IS PROPOSED WORK WITHIN A HISTORIC DISTRICT? ☐ YES ☐ NO IF YES, GIVE COMMISSION APPROVAL DATE  
16. WASTE DISPOSAL COMPANY DISPOSAL SITE ADDRESS  
17. DEMOLITION: HAS DEPT. NOTIFICATION FROM BEEN COMPLETED? ☐ YES ☐ NO

DETAILED DESCRIPTION OF PROPOSED CONSTRUCTION  
(DO NOT INDICATE "SEE ATTACHED PLANS." PLEASE BE SPECIFIC)

1500 SQFT TENANT FIT OUT OF A NEW RESTAURANT.  
WORK INCLUDE STRUCTURAL, MEP & ARCHITECTURAL  
FINISHED WORK. LOWER BASEMENT SLAB, NEW STAIR,  
KITCHEN, RESTROOMS, GENERAL MILLWORK.

ARE THE FOLLOWING INCLUDED?

	YES	NO
OCCUPYING STREET OR SIDEWALK	(1) <input type="checkbox"/>	<input checked="" type="checkbox"/>
DUMPSTER ON CITY PROPERTY	(1) <input checked="" type="checkbox"/>	<input type="checkbox"/>
ELECTRICAL	(1) <input checked="" type="checkbox"/>	<input type="checkbox"/>
PLUMBING GAS/FITTING	(1) <input checked="" type="checkbox"/>	<input type="checkbox"/>
HEATING (Mechanical)	(1) (2) <input checked="" type="checkbox"/>	<input type="checkbox"/>
OIL STORAGE	(1) <input type="checkbox"/>	<input type="checkbox"/>
AIR CONDITIONING	(1) (2) <input type="checkbox"/>	<input type="checkbox"/>
PUBLIC WATER SEWER	(1) <input type="checkbox"/>	<input type="checkbox"/>
FIRE SUPPRESSION (Mechanical)	(1) (3) <input type="checkbox"/>	<input type="checkbox"/>
FIRE DETECTION	(3) <input type="checkbox"/>	<input type="checkbox"/>
WOOD BURNING APPLIANCE	(1) <input type="checkbox"/>	<input type="checkbox"/>

NOTES: 1. REQUIRES SEPARATE PERMIT  
NOTES: 2. HEAT LOSS INFO REQUIRED  
NOTES: 3. STAMPED PLAN REQUIRED

I HAVE PROVIDED THE ABOVE INFORMATION AND IT IS CORRECT TO  
THE BEST OF MY KNOWLEDGE

Signature of Owner or Authorized Agent

ALBERTO CABRE

Print name clearly

12 BELMONT STREET

Street

SOMERVILLE MA 02143

City

State

Zip

617-233-2791

Phone number where you can be reached days

APPROVED

Inspector's Name and Title





**CITY OF SOMERVILLE**  
**DIVISION OF INSPECTIONAL SERVICES**

APPLICATION FOR A PERMIT TO BUILD ALTER REPAIR  
IN ACCORDANCE WITH SECTION 110.0  
OF THE MASSACHUSETTS STATE BUILDING CODE  
PLEASE TYPE OR PRINT CLEARLY IN INK

FOR OFFICE USE ONLY

FEE: 25.00  
DATE REC'D: 8-29-05  
ACCEPTED BY: GELHOL  
DATE ISSUED: 9-29-05  
DATE DENIED:  
PERMIT NO.: BP. 05. 1514

1. LOCATION OF PROPERTY (NO. AND STREET) <u>253 WASHINGTON ST.</u>		MAP <u>73</u> BLOCK <u>E</u> LOT <u>24</u>	
2. NAME AND ADDRESS OF PROPERTY OWNER <u>KEPNES REALTY TRUST</u>			
3. NAME AND ADDRESS OF ARCHITECT/ENGINEER <u>C/O PATTERSON 648 ANNURSNAE HILL RD. CONCORD MA 01742</u>			
REGISTRATION NUMBER		TELEPHONE	
4. NAME AND ADDRESS OF BUILDER/LICENSE HOLDER <u>TOM HOOD</u> TELEPHONE: <u>617.660.9080</u>			
CONST. SUPER. LIC. NO. <u>CS 075293</u>		H.I.C. REG. NO. <u>38 UNION SQ SOMV 02143</u> SIGNATURE (REQ'D) <u>[Signature]</u>	
5. ZONING DIST. <u>C B D</u>	TYPE OF PERMIT: <input type="checkbox"/> NEW <input type="checkbox"/> ADDITION <input type="checkbox"/> CERTIFICATE OF OCCUPANCY		
6. WARD <u>2</u>	<input type="checkbox"/> REPAIR <input type="checkbox"/> DEMOLITION <input checked="" type="checkbox"/> ALTERATION <input type="checkbox"/> OTHER		
7. CURRENT USE(S) <u>RETAIL</u>		PROPOSED USE(S) <u>RETAIL &amp; OFFICE</u>	
8. IF USE(S) IS A RESIDENCE, INDICATE NUMBER OF DWELLING UNITS		USE GROUP <u>B</u>	
9. ESTIMATED CONSTRUCTION COST <u>\$1750</u>			
10. WHAT IS THE CONSTRUCTION TYPE? <u>TL 3 B</u>		PLANS SUBMITTED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
11. LOT DIMENSIONS	AREA	FRONT YARD	REAR YARD
12. PROPOSED SETBACKS		FRONT YARD	REAR YARD
13. HEIGHT OF STRUCTURE (FT.)	TOTAL SQUARE FOOTAGE		NUMBER OF STORIES
14. DOES THE PROPOSED PROJECT REQUIRE A VARIANCE AND/OR SPECIAL PERMIT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
IF YES, AND A DECISION HAS BEEN ISSUED, PLEASE GIVE DECISION NUMBER			
15. IS PROPOSED WORK WITHIN A HISTORIC DISTRICT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF YES, GIVE COMMISSION APPROVAL DATE			
16. WASTE DISPOSAL COMPANY <u>WASTE MGMT</u>		DISPOSAL SITE ADDRESS <u>N/A</u>	
17. DEMOLITION: HAS DEPT. NOTIFICATION FORM BEEN COMPLETED? <input type="checkbox"/> YES <input type="checkbox"/> NO			
<b>DETAILED DESCRIPTION OF PROPOSED CONSTRUCTION</b> (DO NOT INDICATE "SEE ATTACHED PLANS," PLEASE BE SPECIFIC)			
<u>* CLOSE 6' OPENING IN CENTER WALL TO RE-DIVIDE DOUBLE STORE INTO TWO STORES, ONE TO BE A CHIROPRACTOR OFFICE AND THE OTHER TO BE A CLOTHING STORE</u>			
<u>* CONSTRUCT COMMON HALLWAY TO ALLOW ACCESS TO RESTROOM FROM BOTH STORES</u>			

ARE THE FOLLOWING INCLUDED?

YES NO

I HAVE PROVIDED THE ABOVE INFORMATION AND IT IS CORRECT TO THE BEST OF MY KNOWLEDGE.





FOR OFFICE USE ONLY

FEE: 25.00  
DATE REC'D: 1-7-04  
ACCEPTED BY: A.B.  
DATE ISSUED: 1-7-04  
DATE DENIED:  
PERMIT NO.: BR.04-16

ARE THE FOLLOWING INCLUDED?

YES NO

I HAVE PROVIDED THE ABOVE INFORMATION AND IT IS CORRECT TO THE BEST OF MY KNOWLEDGE.

AAA SIGNATURE INC.  
517 MAIN ST.  
MORRISTOWN, NJ 07955



**CITY OF SOMERVILLE**  
**DIVISION OF INSPECTIONAL SERVICES**

APPLICATION FOR A PERMIT TO BUILD ALTER REPAIR  
IN ACCORDANCE WITH SECTION 110.0  
OF THE MASSACHUSETTS STATE BUILDING CODE  
PLEASE TYPE OR PRINT CLEARLY IN INK

FOR OFFICE USE ONLY  
FEE: \$480

DATE REC'D: 7-15-04  
ACCEPTED BY: GENE C.  
DATE ISSUED: 7-15-04  
DATE DENIED:  
PERMIT NO.: BP 04.901

1. LOCATION OF PROPERTY (NO. AND STREET) 253 A Washington St MAP 73 BLOCK E LOT 24  
2. NAME AND ADDRESS OF PROPERTY OWNER CWC Inc 72 Chestnut St Concord 01742  
3. NAME AND ADDRESS OF ARCHITECT/ENGINEER Joyce Design Partnership  
REGISTRATION NUMBER TELEPHONE 617 522-0718  
4. NAME AND ADDRESS OF BUILDER/LICENSE HOLDER Jim Scannell PO Box 135 Telephone 508 820-0701  
5. ZONING DIST. COD TYPE OF PERMIT ☒ NEW ☐ ADDITION ☐ CERTIFICATE OF OCCUPANCY  
☐ REPAIR ☐ DEMOLITION ☒ ALTERATION ☐ OTHER  
6. WARD 3  
7. CURRENT USE(S) Restaurant PROPOSED USE(S) cabinet store  
8. IF USE(S) IS A RESIDENCE, INDICATE NUMBER OF DWELLING UNITS USE GROUP Y  
9. ESTIMATED CONSTRUCTION COST \$5000  
10. WHAT IS THE CONSTRUCTION TYPE? wood 2 B PLANS SUBMITTED ☒ YES ☐ NO  
11. LOT DIMENSIONS AREA FRONT YARD REAR YARD RIGHT SIDE LEFT SIDE  
12. PROPOSED SETBACKS FRONT YARD REAR YARD RIGHT SIDE LEFT SIDE  
13. HEIGHT OF STRUCTURE (FT.) 12 TOTAL SQUARE FOOTAGE NUMBER OF STORIES  
14. DOES THE PROPOSED PROJECT REQUIRE A VARIANCE AND/OR SPECIAL PERMIT? ☐ YES ☒ NO  
IF YES, AND A DECISION HAS BEEN ISSUED, PLEASE GIVE DECISION NUMBER  
15. IS PROPOSED WORK WITHIN A HISTORIC DISTRICT? ☐ YES ☒ NO IF YES, GIVE COMMISSION APPROVAL DATE  
16. WASTE DISPOSAL COMPANY CWC Inc. DISPOSAL SITE ADDRESS  
17. DEMOLITION: HAS DEPT. NOTIFICATION FORM BEEN COMPLETED? ☐ YES ☒ NO

**DETAILED DESCRIPTION OF PROPOSED CONSTRUCTION**  
(DO NOT INDICATE "SEE ATTACHED PLANS," PLEASE BE SPECIFIC)

Remove existing store space. Extension walls and  
existing ceiling. New bathroom per  
code. VENT EXHAUSTS FOR BATH ROOM 10 WALL PETITIONS  
cabinet. New lighting.

ARE THE FOLLOWING INCLUDED?

	YES	NO
OCCUPYING STREET OR SIDEWALK	(1) <input checked="" type="checkbox"/>	<input type="checkbox"/>
DUMPSTER ON CITY PROPERTY	(1) <input checked="" type="checkbox"/>	<input type="checkbox"/>
ELECTRICAL	(1) <input checked="" type="checkbox"/>	<input type="checkbox"/>
PLUMBING GAS/FITTING	(1) <input checked="" type="checkbox"/>	<input type="checkbox"/>
HEATING (Mechanical)	(1) (2) <input checked="" type="checkbox"/>	<input type="checkbox"/>
OIL STORAGE	(1) <input checked="" type="checkbox"/>	<input type="checkbox"/>
AIR CONDITIONING	(1) (2) <input checked="" type="checkbox"/>	<input type="checkbox"/>
PUBLIC WATER/SEWER	(1) <input checked="" type="checkbox"/>	<input type="checkbox"/>
FIRE SUPPRESSION (Mechanical)	(1) (3) <input checked="" type="checkbox"/>	<input type="checkbox"/>
FIRE DETECTION	(3) <input checked="" type="checkbox"/>	<input type="checkbox"/>
WOOD BURNING APPLIANCE	(1) <input checked="" type="checkbox"/>	<input type="checkbox"/>

NOTES: 1. REQUIRES SEPARATE PERMIT  
NOTES: 2. HEAT LOSS INFO REQUIRED  
NOTES: 3. STAMPED PLAN REQUIRED

I HAVE PROVIDED THE ABOVE INFORMATION AND IT IS CORRECT TO  
THE BEST OF MY KNOWLEDGE.

Signature of Owner or Authorized Agent

Print name clearly

Street

City

State

Zip

Phone number where you can be reached days

APPROVED

Inspector's Name and Title